Request for Approval of U.S. Department of Housing Advance of Escrow Funds and Urban Development

OMB Approval No. 0000-0000 (exp. 00/00/00)

Office of Housing

Public Reporting Burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, DC 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0468), Washington, DC 20503. Do not send this completed form to either of the above addresses

Request for Approval of Advance Payment of Escrow Funds: Completed by the depository. Submit to FHA in triplicate.

Project Name:	Project Number:		Advance Number:	
Name of Borrower:			Date of Escrow Agreement:	
Payment Amount Requested: \$ Escrow Account		Balance		
	after this payme	nt: \$		
The Payment Requested is for: [] offsite facilities [] construction changes [] non-critical repair [] minor movables [] construction costs not paid at final endorsement []		[]]] []	The Remaining Balance is for offsite facilities construction changes non-critical repair minor movables construction costs not paat final endorsement (other)	
The undersigned received the Request for Payment (see page 2) from the above-named Borrower.				
To the best of our knowledge, information, and belief, the sum requested is now payable.				
We intend to disburse that sum on or about (date):upon your approval.				
Name of the Depository:		Name/sigr	nature of authorizing official/c	date:
Natar Original and true again				

Note: Original and two copies must be signed.

<u>Approval of Advance of Escrow Funds:</u> Completed by the Department of Housing and Urban Development.

Name & Address of Depository:				
Disbursement of funds is approved from the Escrow Deposit for: [] offsite facilities [] construction changes [] non-critical repair [] minor movables [] construction costs not paid at final endorsement []				
Payment Approved: \$				
Approval Recommended: (name/signature of Housing Project Manager/date)				
Authorizing Agent for the Department of Housing and Urban Development: (name/signature/date)				
X				
Request for Payment to be completed by Borrower. To be submitted to the depository in triplicate.				
Project Name:	Project Number:			
Name/address of Depository:	Amount Requested: \$			

	undersigned Borrower hereby requests a payment of funds covering advances vided by the Escrow Agreement for:
	offsite facilities heretofore executed on theday of, 20, as cated by the net amount due for work performed up to theday of, 20, according to the following statement with respect to all items of struction listed in schedule "A" attached to the Agreement;
	construction costs not paid at final endorsement and listed in Schedule "A" attached ne Agreement;
[]	construction change(s) as identified by request number(s):;
	non-critical repairs pursuant to Section 223(f), [] Section 223(a)(7), [] Section or[](other).

T	1	1	T	1
Item or Construction	A. Estimated	B. Amounts	C. Amounts	D. FHA
Change Request	Cost as stated	from Final	Completed	Approved
Number	in Escrow	Endorsement	[] Offsite	Amount
	Agreement	Escrow	[] 223f	
			[] 223(a)(7)	
			[] Change	
			Orders	
			[] 241(f)	
	\$	\$	\$	\$
Total	\$	\$	* %\$	** %\$
Less Retained 10%			\$	\$
(Offsite/				
Construction				
Change(s))				
Balance: Total			\$	\$
Amount due to date				
Less previous			\$	\$
payments				
Net amount due on			\$	\$
this requisition				

- *Percentage derived from subtotal of Breakdown Items (Col. C divided by Col. A)
- **(Col. D divided by Col. A)

Each signatory below hereby certifies that the statements and representations contained in this instrument and all supporting documentation thereto are true, accurate, and complete. This instrument has been made, presented, and delivered for the purpose of influencing an official action of HUD (acting by and through the FHA Commissioner) in insuring a multifamily rental or health care facility mortgage loan, and may be relied upon by HUD and the Commissioner as a true statement of the facts contained therein.

Name of Entity:		
Ву:	/s/ _	
	Printed Name, Title:	
	Dated: _	
Ву:	/s/ _	
	Printed Name, Title:	
	Dated: _	

[ADD ADDITIONAL LINES IF MORE THAN TWO SIGNATORIES]

Warning:

Any person who knowingly presents a false, fictitious, or fraudulent statement or claim in a matter within the jurisdiction of the U.S. Department of Housing and Urban Development is subject to criminal penalties, civil liability, and administrative sanctions, including but not limited to: (i) fines and imprisonment under 18 U.S.C. §§ 287, 1001, 1010 and 1012; (ii) civil penalties and damages under 31 U.S.C. § 3729; and (iii) administrative sanctions, claims, and penalties under 24 C.F.R parts 24, 28 and 30.

Offsite and Construction Change Certification:

The undersigned hereby certifies that (mark the appropriate box) [] the total cost has been paid in full and in cash from funds other than mortgage proceeds;[] upon release of the amount deposited for this offsite item or construction change, payment in full shall be made to the contractor prior to the next request for an insured advance or loan disbursement and a receipt of payment from the general contractor shall be submitted with the next request for an insured advance or loan disbursement. The undersigned further certifies that all work, labor and materials to be paid under this Request are satisfactory and in accordance with the contract documents.

Name of Borrower:

Signature of authorized Borrower
Official/date

Architect's Offsite and Construction Change Certification:

I certify, based on my on-site observations (or those of my authorized representative), that to the best of my knowledge, information and belief, the Work covered by the aforementioned is completed.

Architect's Signature/Date:

Х

Inspector's Offsite and Construction Change Certification:

I certify that to the best of my knowledge, information and belief that the aforementioned work has been acceptably completed.

Inspector's Signature/Date:

Х